

Provider Fees

New England Medicare Part B



MEDICARE FEE SCHEDULE APRIL UPDATES EFFECTIVE 01/01/2009

AREA 03 MAINE

NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE
	G0270		25.65	24.37	28.03
#	G0270		23.80	22.61	26.00
	G0392		2,190.61	2,081.08	2,393.24
#	G0392		486.00	461.70	530.96
	G0393		1,656.77	1,573.93	1,810.02
#	G0393		310.76	295.22	339.50
	G9041		27.79	26.40	30.36
	G9042		14.78	14.04	16.15
	G9043		14.78	14.04	16.15
	G9044		12.58	11.95	13.74
	93351		254.45	241.73	277.99
	93351	TC	156.26	148.45	170.72
	93351	26	98.19	93.28	107.27

AREA 99 MAINE

NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE
	G0270		24.46	23.24	26.73
#	G0270		22.85	21.71	24.97
	G0392		1,953.95	1,856.25	2,134.69
#	G0392		468.86	445.42	512.23
	G0393		1,472.20	1,398.59	1,608.38
#	G0393		299.52	284.54	327.22
	G9041		26.74	25.40	29.21
	G9042		13.83	13.14	15.11
	G9043		13.83	13.14	15.11
	G9044		11.86	11.27	12.96
	93351		230.31	218.79	251.61
	93351	TC	136.50	129.68	149.13
	93351	26	93.81	89.12	102.49

AREA 01 MASSACHUSETTS

NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE
	G0270		28.62	27.19	31.27
#	G0270		26.29	24.98	28.73
	G0392		2,683.51	2,549.33	2,931.73
#	G0392		536.53	509.70	586.16

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	G0393		2,038.37	1,936.45	2,226.92
#	G0393		343.04	325.89	374.77
	G9041		30.56	29.03	33.38
	G9042		17.01	16.16	18.58
	G9043		17.01	16.16	18.58
	G9044		14.31	13.59	15.63
	93351		307.08	291.73	335.49
	93351	TC	197.64	187.76	215.92
	93351	26	109.44	103.97	119.57

AREA 99 MASSACHUSETTS

NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE
	G0270		26.59	25.26	29.05
#	G0270		24.60	23.37	26.88
	G0392		2,344.30	2,227.09	2,561.15
#	G0392		504.99	479.74	551.70
	G0393		1,774.89	1,686.15	1,939.07
#	G0393		322.51	306.38	352.34
	G9041		28.66	27.23	31.31
	G9042		15.52	14.74	16.95
	G9043		15.52	14.74	16.95
	G9044		13.16	12.50	14.38
	93351		271.86	258.27	297.01
	93351	TC	169.95	161.45	185.67
	93351	26	101.91	96.81	111.33

AREA 40 NEW HAMPSHIRE

NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE
	G0270		25.76	24.47	28.14
#	G0270		23.89	22.70	26.11
	G0392		2,215.03	2,104.28	2,419.92
#	G0392		487.15	462.79	532.21
	G0393		1,675.98	1,592.18	1,831.01
#	G0393		311.58	296.00	340.40
	G9041		27.89	26.50	30.48
	G9042		14.87	14.13	16.25
	G9043		14.87	14.13	16.25
	G9044		12.64	12.01	13.81
	93351		256.77	243.93	280.52
	93351	TC	158.18	150.27	172.81
	93351	26	98.59	93.66	107.71

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AREA 50 VERMONT

NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE
	G0270		25.27	24.01	27.61
#	G0270		23.50	22.33	25.68
	G0392		2,115.24	2,009.48	2,310.90
#	G0392		480.48	456.46	524.93
	G0393		1,598.01	1,518.11	1,745.83
#	G0393		307.15	291.79	335.56
	G9041		27.45	26.08	29.99
	G9042		14.48	13.76	15.82
	G9043		14.48	13.76	15.82
	G9044		12.35	11.73	13.49
	93351		246.75	234.41	269.57
	93351	TC	149.95	142.45	163.82
	93351	26	96.79	91.95	105.74

- THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING. LIMITING CHARGE APPLIES TO UNASSIGNED CLAIMS BY NON-PARTICIPATING PROVIDERS. ALL CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES AND DESCRIPTORS ARE COPYRIGHTED 2008 BY THE AMERICAN MEDICAL ASSOCIATION.

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